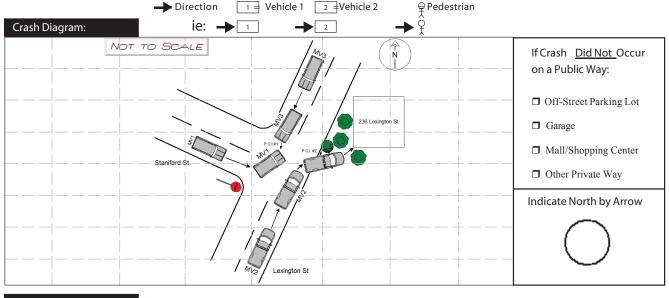
	Poli	ce Use Only		Commonwe	alth (	of Mass	achı	ısett	S		RM	V Docu	ıment Numbe	r
	Date of Crash 01/26/2021	Time of Crash 19:47 24HR	City/To NEWTON	MIULU		icle Cra Report	sh	Numbe Vehicle 3		red L	peed Lim atitude _ ongitude		State Police Local Police MBTA Police Other:	e Xi
			SECTION:	<	LOCA		>						CTION:	
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1 <b>4</b>	Route# Direc			Roadway/Street		Route# Direction	on Ac	ldress #		1	Name of l	Roadway	y/Street	
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	Route# Direc	tion N	Name of Intersectin	g Roadway/Street						le Marke			Exit Number	r
			Also at Inter	section with			N S E		Rot	ite#	Intersec	eting Roa	adway/Street	-
<b>4</b>	Route# Direc	tion	Name of Interse	eting Roadway/Street		Feet	N S E	W of						5
3	_								La	ndmark		$\dashv$		
	XVehicle1	#Occupants	Hit/Run	Moped Cas	se Number		2	10000005	5					
	License#	18 1	St M	A	_ Reg#	838DY3			Reg	Type_P	AN	Reg	State MA	
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<sup>4</sup> 2	Operator GIA		PAMELA	P Endorsment  Middle		PAPADOPUI Las	SL	ARG	YRI First			Middl	le .	_
	Address 24 BE	NCLIFFE CIR	· · · · · · · · · · · · · · · · · · ·			24 BENCLIF	F CIR							_
	City NEWTO	N	Sta	te MA Zip 02466	_ City_	NEWTON							Zip <u>02466</u>	
	Insurance Com	pany SAFETY			_ Vehic	le Action Prior to		2	21	_	iged Area	Code: (	(Circle Up to T	'hree)
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 22		22	<b>O</b>	3		4	
	Citation # (If I	/			Most	Harmful Event	1 23		24	0 ←	. 9	1	5 11 Totaled	~
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C		1 24		<b>6</b>			6	
<sup>6</sup> 3				4: ChSec	Underride/Override Towed N									
	Please 1 Name (Last Fir		ator and all occu	pants involved Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medic						ransp. Code Medical Fa	cility 1		
	Operator			See Above				1	4	4 0	0	10	1 NONI	E
<sup>7</sup> <b>3</b>	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupan	s Non-Motorist A T	Type	14 Action	Local	ation	16 Co	ondition	17	Пн	lit/Run M	oped
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	Sex_M Lic.	Class 99 18 1	8 Lic. Restriction	s 19 CDL		ear_2005	Vel	h Make_I	ORD			Veh Co	20	
<sup>8</sup> <b>1</b>	Operator LUX	(	CARLOS	Endorsment	_ Owne	r_LUX		JOSE						_
1	Address 158 C	Last HESTNUT ST (	First apt. 1)	Middle	_ Addre	12 (apt. 2) CA	ALVAR'	Y ST	First			Middl	le	
	City WALTH	AM	Sta	te_MA Zip_02453	_ City _	WALTHAM					State	MA	Zip_02453	
	Insurance Com	_ Vehic	le Action Prior to	o Crash	1	21	Dama	iged Area	Code: (	(Circle Up to T	hree)			
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	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex	26 27 Seat Safety Pos. Syste	28 Airbag	29 Airbag E Switch	30 Trap Code Code		33 ransp. Code Medical F	acility
		Non-Motorist		See Above		Age/DOB		1	4	4 0			1 NONE	actity
										+				

Distriction   Same of Crash   Profession		ice Use Only		Commonwea									ment Num	
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Route   Direction						_		3	_				Other:	
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Name of Intersecting Roadway/Street			Also at Inters	ection with	-	_		_	Route#	Ir	ntersect	ting Roa	dway/Stree	t
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License #	[V]xz.t.:.t.a	1 #0		Dward							Lan	шпагк		
Sex F Lie. Class D 18 18 Lie. Restrictions B 9 CDL Velt Year 2020 Velt Make HONDA Velt Config. 2 20 CAPENEY MEACHAN FENDerson Meach No. 1 10 Config. 2 20 CAPENEY MEACHAN FENDERSON ST (apt. 2) Address 87 BROWN ST (apt. 2) Address 87 BROWN ST (apt. 2) Address PROWN ST (apt. 2) Ad	Vehicle3	_1_#Occupants	Hit/Kun	Moped Case	Number		210	0000055						
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City WALTHAM  State MA Zip 02453  Insurance Company STANDARD FIRE  Vehicle Travel Direction: NE W Responding to Emergency? No Citation # (If Issued)  Violation 1: Ch See Violation 2: Ch See Violation 3: Ch See Violation 4: Ch See Underride/Override  Please fill out for operator and all occupants involved  Address  City See Above  Please fill out for operator and all occupants involved  See Above  Please fill out for operator and all occupants involved  See Above  Please fill out for operator and all occupants involved  Address  City See Reg # Reg Type Reg State  Veh Config  Please fill out for operator and all occupants involved  Address  City State Zip  Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  1 22 22 22 22 22 22 22 22 22 22 22 22 22		Last	First		Owner	(Same as ope	rator)		First			Middle		
Insurance Company STANDARD FIRE  Vehicle Travel Direction: NXEW Responding to Emergency? N  Citation # (If Issued)  Wiolation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 25 11 Totaled  Driver Contributing Code 1 24 24 25 11 Totaled  Driver Contributing Code 1 24 24 25 11 Totaled  Driver Contributing Code 1 24 24 25 11 Totaled  Driver Contributing Code 1 24 25 Towed N  Please fill out for operator and all occupants involved  Name (last First Middle)  Sec Above  Please fill out for operator and all occupants involved  Name (last First Middle)  Sec Above  Please fill out for operator and all occupants involved  Name (last First Middle)  Sec Above  Please fill out for operator and all occupants involved  Name (last First Middle)  Sec Above  Please fill out for operator and all occupants involved  Name (last First Middle)  Non-Motorist A Type														
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Violation 1: Ch See Violation 2: Ch See Underride/Override	`	/				l	1	24	24 1	←	9		1	_
Please fill out for operator and all occupants involved   Naddress   AgeDOB   Sec   Pose   Safe   Safety   National Print Middle   Non-Motorist   Address   AgeDOB   Sec   Pose   Safe   Safety   National Print Middle   Non-Motorist   Non-Motoris	1					۱					$\angle$		<i>)</i> 6	
Please Select One of the Following:					Underri	ide/Override			<u> </u>		31	32		
Please Select One of the Following:			ator and an occup	Address			Sex Po	s. System	Airbag Airb Status Swit	ng Eject ch Code	Trap Code	Injury Tra Status Co	ansp. ode Medica	
Condition   Cond	Operator			See Above				1	4 4	0	0	10 1	NO.	NE
Condition   Cond														
Condition   Cond														
Condition   Cond														
License# St St St St St St St		Vehicle	# Occupants	Non-Motorist A Tvi	pe 14		15 Locati	ion	16 Cond	ition	17	Пні	it/Run	Moped
Sex Lic. Class	of the Followi	ing:		<b>_</b>										
Operator		18 1	18	19	_									20
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City State Zip City State Zip City State Zip    Insurance Company Vehicle Action Prior to Crash	1		First	Middle					First			Middle	•	
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Citation # (If Issued)														
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Driver Contributing Code  24  24  24  8  7  6  Underride/Override  Sec Violation 2: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Age/DOB  Sec System Status Switch Code Code Status Code Medical Facility	Citation # (If Issued)					Event Sequence 10 Undercarriage								
Violation 3: ChSecViolation 4: ChSecUnderride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Name (Last First Middle)					Most Harmful Event 9 5 11 Totaled									
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex  Age/DOB  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  A					Driver Contributing Code 8 7 6									
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  Medical Facility					Ondell	- Verride	Sea Ca			9 30 Fiect	31 Trap	32 I		
Operation Motivities See Adove	Name (Last Fi	irst Middle)	<u> </u>	Address			Sex Po	os. System	Status Swi	tch Code	Code	Status C		al Facility
	Operator/	TAUTI-INIOTORIST		See Above			-			+	+			



## Crash Narrative:

MV1 operator stated she attempted to stop at the Staniford St at Lexington St (both public ways) stop sign. However, due to the snowy and slippery road conditions, MV1 operator stated she was unable to stop. MV1 operator entered Lexington St and sideswiped (opposite directions) MV3. MV1 sustained front bumper damage (no tow required), no injury reported at this time.

MV2 operator stated he was driving northbound on Lexington St when he observed MV1 unable to stop at the Staniford St stop sign. MV2 operator stated he swerved to the right to avoid collision. MV2 jumped the right side curb, sideswiped a tree and ended in the bushes of 236 Lexington St. MV2 sustained front end damage to the MV and plow, and driver side (no tow required). No injuries reported at this time.

MV3 operator stated she was operating southbound on Lexington St when she obserbed MV1 enter Lexington St.

(Continued	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phon	ne#	Statement
Property Damage:					1		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Truck and Bus Information:	Registration #		(From Vehi	icle Section)			35
Truck and Bus Information:  Carrier Name					Carrier I	Issuing Authority Code	35
Carrier Name			· · · · · · · · · · · · · · · · · · ·				
Carrier NameAddress			_ City		St	Zip	
Carrier NameAddressUS DOT #:	State Number		_ City		St	Zip	
Carrier NameAddressUS DOT #:	State Number		_ City		St	ZipInterstate	
Carrier NameAddressUS DOT #:	State Number	38	_ City Issuing State	ICC#:_	St	Zip	
Carrier NameAddressUS DOT #:	State Number	38	_ City Issuing State	ICC#:_	St	ZipInterstate	
Carrier Name  Address  US DOT #:  Cargo Body Type Code  Trailer Reg #:	State Number	38 Reg State	_ City Issuing State	ICC#:T	St	ZipInterstate	

	Direction	1   ■ Vehicle 1	2 =Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →[	1 -	2	<b>→</b> ♀		
					If Crash <u>Did Not</u> on a Public Way:	I .
					☐ Off-Street Parki	ing Lot
					☐ Garage	
					□ Mall/Shopping	Center
					Other Private W	
		_			Indicate North by	
		_	 - <del> </del>			
					( )	
Crash Narrative:						
However, due to the weat	ner conditions,	MV3 was una	able to stop in	time and s	sideswiped MV1 (opposite	
direction) and sustain f	ront bumper dam	nage (no tow	required). No	injuries re	eported at this time.	
W itnesses:						1-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:				24.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	_		-	/ehicle Section)	Carrier Issuing Authority C	35
Carrier NameAddress					StZip_	ode
US DOT #:						36
37	ross Vehicle Weight	38	1334111g 54440	100 #	mersure	
Trailer Reg #:		Reg State	Reg Vear	Tra	iler Length	
Hazmat Information:	neg rype	Reg State	Neg i eai	11a	Longui Longui	
Placard 40 Material 1 dig	it # 41 Material	l Name		Material 4 d	igit# Release code	42
MARK HATFIELD			NI	EWTON POLICE DEPARTM	01/26	/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)